

Application 15-003

Sample

PROJECT NUMBER:	DATE RECEIVED:	KWIEC TRACKING NUMBER:	E-CLEARINGHOUSE SAI NUMBER:	
PROJECT TITLE:				
LEAD APPLICANT AGENCY (CITY, FISCAL COURT, ADD, UNIVERSITY)				
LEAD APPLICANT:		CEO:	E-MAIL ADDRESS:	
ENTITY:		STATUS:	Update Information	
			Send Username/Password	
STREET OR P.O. BOX:	CITY:	COUNTY:	STATE:	ZIP CODE + 4:
TELEPHONE NUMBER:	FAX NUMBER:	DUNS NUMBER:		
BUDGET TOTAL AMOUNT REQUESTED:			\$0.00	
FUNDING AMOUNT THAT BENEFITS LAW ENFORCEMENT:			\$0.00	
NAME OF SUBRECIPIENT (IF ANY):				
NAME OF PARTNERING CITIES / COUNTIES / AGENCIES:				
PLEASE CHOOSE THE CATEGORY AND SUBCATEGORY FOR WHICH YOU ARE APPLYING:				
STATE HOUSE DISTRICT:	STATE SENATE DISTRICT:	CONGRESSIONAL DISTRICT:	AREA DEVELOPMENT DISTRICT:	
APPLICATION PREPARED BY:				
NAME:		EMAIL ADDRESS:		
STREET OR P.O. BOX:	CITY:	COUNTY:	STATE:	ZIP CODE + 4:
TELEPHONE NUMBER:	CELL NUMBER:	FAX NUMBER:		
AUTHORIZING OFFICIAL:				
NAME:		TITLE:		
STREET OR P.O. BOX:	CITY:	COUNTY:	STATE:	ZIP CODE + 4:
TELEPHONE NUMBER:	FAX NUMBER:	E-MAIL ADDRESS:		
PROJECT DIRECTOR / CONTACT:				
NAME:		TITLE:		
STREET OR P.O. BOX:	CITY:	COUNTY:	STATE:	ZIP CODE + 4:
TELEPHONE NUMBER:	CELL NUMBER:	FAX NUMBER:	E-MAIL ADDRESS:	
FINANCIAL OFFICER:				
NAME:		TITLE:		
STREET OR P.O. BOX:	CITY:	COUNTY:	STATE:	ZIP CODE + 4:
TELEPHONE NUMBER:	FAX NUMBER:	E-MAIL ADDRESS:		
DASHBOARD EDIT APPLICATION				

Section I - Strategy

All applicants must complete this section, please answer ALL questions below.

DESCRIBE YOUR UNDERSTANDING OF THE COMMUNITY'S NEEDS AND THE PROBLEM(S) YOU ARE ADDRESSING:
<div></div>
LIST ANY EMERGENCIES OR INCIDENTS THAT MAY HAVE BROUGHT THIS NEED TO YOUR ATTENTION:
<div></div>
EXPLAIN THE SOLUTION YOU ARE PROPOSING TO MEET THE ABOVE NEED(S). AT A HIGH LEVEL DESCRIBE WHAT ACTIVITIES WILL BE IMPLEMENTED AND ACCOMPLISHED BY THIS PROJECT:
<div></div>
LIST AGENCIES THAT WILL BENEFIT FROM THIS PROJECT (FIRE, POLICE, EMS, ONE COUNTY, MULTIPLE COUNTIES, ETC.):
<div></div>
IDENTIFY ANY PUBLIC / PRIVATE PARTNERSHIPS WHICH WILL RESULT FROM THIS PROJECT:
<div></div>
IF THIS IS A CONTINUATION PROJECT, PROVIDE A DESCRIPTION OF ITS CURRENT STATUS. INCLUDE ALL ACTIVITIES INVOLVED TO DATE WHETHER FUNDED BY KOHS OR FROM OTHER FUNDING SOURCES:
<div></div>
DOES THIS PROJECT PROVIDE A LONG-TERM SOLUTION TO THE IDENTIFIED PROBLEM? EXPLAIN:
<div></div>
DESCRIBE YOUR AGENCY'S PLAN FOR SUSTAINING THE CAPABILITIES ENHANCED BY THIS PROJECT:
<div></div>
SELECT ONE THREAT / HAZARD FOR THIS REQUEST: (Select One)
SELECT THE PRIMARY CORE CAPABILITY FOR THIS PROJECT: (Select One)
SELECT THE DISCIPLINE MOST APPLICABLE: (Select One)
OTHER COMMENTS:
<div></div>
Submit



Section II - Project Specific Information

Please answer each question

Choose **ONLY** one category to complete for your project:

- ☐ Communications
- ☐ Critical Infrastructure Protection
- ☐ First Responder Equipment

A. Communications

1. RADIOS

EXPLAIN THE EQUIPMENT AND/OR SYSTEM YOU INTEND TO DEPLOY:

DOES THIS EQUIPMENT REPLACE ANY EXISTING INVENTORY?

(select one) ▼

IS YOUR CURRENT RADIO SYSTEM P25 COMPLIANT?

(select one) ▼

LIST THE FREQUENCY BANDS THAT ARE USED BY YOUR AGENCY:

WHAT OTHER FREQUENCY BANDS ARE USED IN YOUR COUNTY?

ARE ALL FIRST RESPONDER MOBILE AND HAND HELD RADIOS PROGRAMMED WITH MUTUAL AID AND INTEROPERABILITY FREQUENCIES?

(select one) ▼

IDENTIFY BY DISCIPLINE THE PERSONNEL SUPPORTED BY THIS APPLICATION. LIST THE TOTAL NUMBER OF PORTABLE RADIOS REQUESTED FOR EACH DISCIPLINE:

HOW MANY FOR EACH PERSONNEL ("LAW ENFORCEMENT", "EMS", "EM", "FIRE" AND "OTHER")?

IDENTIFY BY DISCIPLINE THE NUMBER OF FIRST RESPONDER VEHICLES SUPPORTED BY THIS APPLICATION. LIST THE TOTAL NUMBER OF MOBILE RADIOS REQUESTED FOR EACH DISCIPLINE.

IF YOU ARE APPLYING FOR COMMUNICATION INFRASTRUCTURE EQUIPMENT AND RADIOS, PLEASE PRIORITIZE THE EQUIPMENT REQUESTED.

DESCRIBE HOW THE REQUESTED ITEMS / EQUIPMENT WILL BE INSTALLED AND WHERE (ATTACH LABELED PHOTO OF STRUCTURE):

DOES THIS PIECE OF EQUIPMENT SUPPORT A NIMS TYPED RESOURCE?

(select one) ▼

IF YES, SPECIFY TYPE OF RESOURCE AND ID NUMBER (SEE RESOURCE TYPING LIBRARY TOOL AT [HTTPS://RTLT.PTACCENTER.ORG/PUBLIC](https://rtlt.ptaccenter.org/public)).

2. COMMUNICATION INFRASTRUCTURE PROJECT

IF APPLYING FOR COMMUNICATION INFRASTRUCTURE EQUIPMENT AND RADIOS, PLEASE PRIORITIZE YOUR REQUEST.

DOES THIS EQUIPMENT REPLACE ANY EXISTING INVENTORY?

(select one) ▼

IF YOU ARE REPLACING OLD EQUIPMENT WITH THIS PROJECT, PLEASE DESCRIBE THE AGE AND CONDITION OF THE OLD EQUIPMENT.

IS THIS INFRASTRUCTURE PROJECT PART OF YOUR COMMUNITY'S NARROWBANDING PLAN?

(select one) ▼

IS THIS INFRASTRUCTURE PROJECT PART OF YOUR COMMUNITY'S P25 COMPLIANCE PLAN?

(select one) ▼

IF EQUIPMENT IS BEING ADDED AT AN EXISTING TOWER SITE, DOES THE COMMUNITY OWN THE TOWER? IF NOT, WHO DOES?

IS THERE ACCESSIBILITY TO TOWER LOCATION?

(select one) ▼

PLEASE PROVIDE A MAP THAT INDICATES EXISTING TOWER SITES WITH THE AREA OF COVERAGE AND THE REQUESTED TOWER SITES WITH NEW AREA OF COVERAGE ONCE THE PROJECT IS COMPLETE.

ESTIMATE THE NUMBER OF HOMES AND POPULATION COVERED BY THE PROJECT.

HAVE ANY STUDIES, REPORTS OR SURVEYS BEEN COMPLETED THAT PROVIDE INFORMATION ON ENVIRONMENTAL IMPACT ON HISTORIC PROPERTIES IN THE AREA WHERE A TOWER WILL BE BUILT OR THE EXISTING STRUCTURES WHERE EQUIPMENT WILL BE ATTACHED?

(select one) ▼

DESCRIBE HOW THE REQUESTED ITEMS / EQUIPMENT WILL BE INSTALLED AND WHERE (ATTACH LABELED PHOTO OF STRUCTURE).

DOES THIS PIECE OF EQUIPMENT SUPPORT A NIMS TYPED RESOURCE?

(select one) ▼

IF YES, SPECIFY TYPE OF RESOURCE AND ID NUMBER (SEE RESOURCE TYPING LIBRARY TOOL AT [HTTPS://RTLT.FTACENTER.ORG/PUBLIC](https://rtlt.ftacenter.org/public)).

3. 9-1-1 PROJECT

DESCRIBE THE EQUIPMENT REQUESTED.

IS THIS EQUIPMENT COMPATIBLE WITH THE COMMONWEALTH OF KENTUCKY NG9-1-1 STATE PLAN (SEE THE CMRS BOARD WEBSITE: [HTTP://CMRSBOARD.KY.GOV](http://cmrsboard.ky.gov))?

(select one) ▼

WHY IS THIS EQUIPMENT NEEDED OR ESSENTIAL?

DOES THIS EQUIPMENT REPLACE ANY EXISTING INVENTORY?

(select one) ▼

WHAT IS THE FEE ON YOUR LANDLINE PHONES?

HOW MANY CELL-TAKING POSITIONS (W/TTY/TDD) DOES YOUR PSAP SUPPORT?

HOW MANY TELECOMMUNICATORS ARE EMPLOYED IN YOUR 911 FACILITY? PLEASE LIST THE NUMBER OF FULL-TIME AND PART-TIME TELECOMMUNICATORS.

DOES YOUR FACILITY DISPATCH 24/7?

(select one) ▼

IDENTIFY THE AGENCIES FOR WHICH YOU DISPATCH.

IS YOUR 911 DATABASE ON OR OFF SITE?

On ▼

HOW CURRENT IS YOUR MAPPING SOFTWARE? WHAT YEAR WAS IT LAST UPDATED?

HOW OFTEN IS YOUR DATA UPDATED?

DO YOU COLLECT STRUCTURE POINTS?

(select one) ▼

ARE YOU PHASE II COMPLIANT AND CERTIFIED BY CMRS?

(select one) ▼

DESCRIBE HOW THE REQUESTED ITEMS / EQUIPMENT WILL BE INSTALLED AND WHERE (ATTACH LABELED PHOTO OF STRUCTURE).

DOES THIS PIECE OF EQUIPMENT SUPPORT A NIMS TYPED RESOURCE?

(select one) ▼

IF YES, SPECIFY TYPE OF RESOURCE AND ID NUMBER (SEE RESOURCE TYPING LIBRARY TOOL AT [HTTPS://RTLT.FTACENTER.ORG/PUBLIC](https://rtlt.ftacenter.org/public)).

DESCRIBE THE EQUIPMENT BEING REQUESTED. <input style="width: 90%;" type="text"/>
WHY IS THIS EQUIPMENT NEEDED OR ESSENTIAL? <div style="height: 50px;"></div>
DOES THIS EQUIPMENT REPLACE ANY EXISTING INVENTORY / EQUIPMENT? IF SO, PLEASE DESCRIBE THE AGE AND CONDITION OF THIS EQUIPMENT. <input style="width: 90%;" type="text"/>
FOR A SIREN PROJECT, PLEASE PROVIDE A MAP THAT INDICATES EXISTING SIREN SITES WITH THE AREA OF COVERAGE AND THE REQUESTED SIREN SITES WITH NEW AREA OF COVERAGE ONCE THE PROJECT IS COMPLETE. ESTIMATE THE NUMBER OF HOMES AND POPULATION THAT WILL BE COVERED BY THIS PROJECT. <input style="width: 90%;" type="text"/>
DESCRIBE THE SITES WHERE EQUIPMENT WILL BE ATTACHED OR LOCATED, INCLUDING THE TYPE OF STRUCTURE INVOLVED (BUILDING, POLE, ETC). PLEASE ATTACH A LABELED PHOTO OF THE SITE AND / OR STRUCTURE. <div style="height: 50px;"></div>
HAVE ANY STUDIES, REPORTS OR SURVEYS BEEN COMPLETED THAT PROVIDE INFORMATION ON ENVIRONMENTAL IMPACT ON HISTORIC PROPERTIES IN THE AREA WHERE THE EQUIPMENT WILL BE PLACED / ATTACHED? <input style="width: 150px;" type="text" value="(select one)"/>
IF THE REQUESTED ALERT SYSTEM INVOLVES MAPPING, WHAT IS THE PLAN FOR KEEPING INFORMATION CURRENT? <div style="height: 50px;"></div>
DOES THIS PIECE OF EQUIPMENT SUPPORT A NIMS TYPED RESOURCE? <input style="width: 150px;" type="text" value="(select one)"/>
IF YES, SPECIFY TYPE OF RESOURCE AND ID NUMBER (SEE RESOURCE TYPING LIBRARY TOOL AT HTTPS://RTLT.FTACCENTER.ORG/PUBLIC). <input style="width: 90%;" type="text"/>

B. Critical Infrastructure Protection

1. PHYSICAL SECURITY, GENERATORS, ETC.
WHAT IS THE CRITICAL INFRASTRUCTURE BEING HARDENED? <input style="width: 90%;" type="text"/>
PLEASE INCLUDE THE CRITICAL INFRASTRUCTURE'S NAME AND ADDRESS. <input style="width: 90%;" type="text"/>
WHY IS THIS STRUCTURE CONSIDERED CRITICAL INFRASTRUCTURE? <div style="height: 50px;"></div>
IS THIS CRITICAL INFRASTRUCTURE OWNED BY THE APPLICANT AGENCY? IF NOT, WHO OWNS IT? <input style="width: 90%;" type="text"/>
WHAT IS THE AGE OF THE CRITICAL INFRASTRUCTURE INVOLVED IN THIS PROJECT? <input style="width: 90%;" type="text"/>
DESCRIBE THE EQUIPMENT BEING REQUESTED. <input style="width: 90%;" type="text"/>
DOES THIS EQUIPMENT REPLACE ANY EXISTING INVENTORY / EQUIPMENT? <input style="width: 150px;" type="text" value="(select one)"/>
HAVE ANY STUDIES, REPORTS OR SURVEYS BEEN COMPLETED THAT PROVIDE INFORMATION ON ENVIRONMENTAL IMPACT ON HISTORIC PROPERTIES IN THE AREA? <input style="width: 150px;" type="text" value="(select one)"/>
DESCRIBE HOW THE REQUESTED ITEMS / EQUIPMENT WILL BE INSTALLED AND WHERE (ATTACH LABELED PHOTO OF STRUCTURE). <div style="height: 50px;"></div>

DOES THIS PIECE OF EQUIPMENT SUPPORT A NIMS TYPED RESOURCE?

(select one) ▼

IF YES, SPECIFY TYPE OF RESOURCE AND ID NUMBER (SEE RESOURCE TYPING LIBRARY TOOL AT [HTTPS://RTLT.FTACCENTER.ORG/PUBLIC](https://rtlt.ftaccenter.org/public)).

2. CYBER SECURITY ENHANCEMENT PROJECTS

DESCRIBE THE FACILITY(S) THAT THESE ENHANCEMENTS WILL BENEFIT.

DESCRIBE THE SYSTEM(S) THIS PROJECT WILL ENHANCE. IS THIS A SHARED NETWORK OR A STANDALONE NETWORK?

WHAT TECHNOLOGY IS CURRENTLY BEING USED TO PROTECT THE SYSTEM?

IS THE CURRENT TECHNOLOGY OUTDATED OR CONSIDERED OBSOLETE BY TODAY'S STANDARD?

(select one) ▼

JUSTIFY THE NEED FOR THIS PROJECT BY DESCRIBING THE TYPE OF DATA THAT THIS PROJECT WILL PROTECT.

WHAT CRIMES, IF ANY, WILL THE REQUESTED TECHNOLOGY DETEST?

ARE THERE DOCUMENTED COMPUTER-RELATED CRIMES THAT THIS PROJECT WILL ADDRESS IN THE COMMUNITY?

(select one) ▼

PLEASE DESCRIBE HOW THE REQUESTED EQUIPMENT WILL BE INSTALLED. INCLUDE DESCRIPTION OF ALL ITEMS THAT WILL BE NECESSARY TO COMPLETE THE PROJECT (ATTACH LABELED PHOTO OF BUILDING / STRUCTURE).

DOES THIS PIECE OF EQUIPMENT SUPPORT A NIMS TYPED RESOURCE?

(select one) ▼

IF YES, SPECIFY TYPE OF RESOURCE AND ID NUMBER (SEE RESOURCE TYPING LIBRARY TOOL AT [HTTPS://RTLT.FTACCENTER.ORG/PUBLIC](https://rtlt.ftaccenter.org/public)).

C. First Responder Equipment

DO YOU HAVE A COMPREHENSIVE EQUIPMENT SCHEDULE THAT INCLUDES REQUIRED EQUIPMENT, EQUIPMENT ON HAND AND NEEDED EQUIPMENT? PLEASE EXPLAIN.

DOES THE REQUESTED EQUIPMENT REPLACE ANY EXISTING INVENTORY / EQUIPMENT? IF SO, PLEASE DESCRIBE THE AGE AND CONDITION OF THE EXISTING INVENTORY / EQUIPMENT.

DESCRIBE THE EQUIPMENT BEING REQUESTED AND ITS KEY IMPORTANCE TO FIRST RESPONDERS.

DESCRIBE THE TRAINING INVOLVED IN ORDER TO USE THIS SPECIALIZED EQUIPMENT.

ARE REQUIRED PHYSICALS ALREADY BUDGETED?

(select one) ▼

HOW MANY INDIVIDUALS WOULD NEED PHYSICALS TO USE THIS EQUIPMENT?

DESCRIBE ANY LOCAL AND REGIONAL TRAININGS, DRILLS OR TABLETOP EXERCISES IN WHICH YOUR DEPARTMENT(S) PARTICIPATES.

DOES THIS PIECE OF EQUIPMENT SUPPORT A NIMS TYPED RESOURCE?
<input type="text" value="(select one)"/>
IF YES, SPECIFY TYPE OF RESOURCE AND ID NUMBER (SEE RESOURCE TYPING LIBRARY TOOL AT HTTPS://RSLT.FTACENTER.ORG/PUBLIC).

Section III - Budget

All applicants must complete this section, please answer ALL questions below.

GIVE A BRIEF SUMMARY OF THE PLANNED EXPENDITURES.
<div></div>
WHAT IS THE NECESSITY AND REASONABLENESS OF ALL PROJECT COSTS.
<div></div>
HAVE YOU APPLIED FOR ANY OTHER FEDERAL OR STATE FUNDS FOR THIS PROJECT? IF SO, WHAT AGENCY?
<div></div>
IS THE APPLICANTE CAPABLE OF SUPPLEMENTING A PORTION OF THE PROJECT? IF SO, HOW MUCH?
<div></div>
DISCUSS HOW YOU PLAN TO MAINTAIN AND REPLACE THIS EQUIPMENT.
<div></div>
WILL THE STATE PRICE CONTRACT BE USED?
<div>Yes ▼</div>
PROVIDE MILESTONES FOR THESE DATES: OCT-DEC, JAN-MAR, APR-JUN, AND JUL-SEP.
<div></div>
<div>Submit</div>



Section IV - Total Estimated Cost

Provide the total estimated cost to implement this project by completing the following table.

AEL #	AEL CATEGORY	EQUIPMENT REQUESTED	TOTAL COST PER UNIT	NUMBER OF UNITS REQUESTED	TOTAL COST	ADD
				TOTAL	\$0.00	
DASHBOARD						



Section V - Historical Funding

Complete the following chart detailing past funding the Lead Applicant Agency received from KOHS.

YEAR	AMOUNT	USE OF GRANT (MDC, CBRNE, EQUIPMENT, TOWER, RADIOS, ETC.)	ENTITIES THAT RECEIVED EQUIPMENT OR BENEFITS	ADD
DASHBOARD				



Helpful Links

Sample Resolutions	SPECIAL DISTRICT	COUNTY	CITY
Kentucky Wireless Interoperability Executive Committee (KWIEC)	LINK		
Authorized Equipment List (AEL)	LINK		
Data Universal Numbering System (DUNS)	LINK		
eClearinghouse	LINK		
eClearinghouse Instructions	DOWNLOAD		
eClearinghouse Power Point	DOWNLOAD		
Kentucky Heritage Council	LINK		
Application Instructions / Checklist and Guidance	DOWNLOAD		
Core Capabilities Definitions	DOWNLOAD		
DASHBOARD			